

MONTANA TALKING BOOK LIBRARY

1515 EAST SIXTH AVENUE / PO Box 201800

HELENA MT 59620-1800

PHONE: 406-444-2064 -- TOLL FREE: 1-800-332-3400

HOME PAGE: http://msl.mt.gov/talking_book_library/default.asp

E-Mail: mtbl@mt.gov

APPLICATION FOR FREE LIBRARY SERVICE - INDIVIDUAL (Please Print or Type)

PATRON NAME: _____
(Last) (First) (Initial)

ADDRESS: _____
(Street or PO Box)

CITY: _____ COUNTY: _____ ZIP: _____

DAYTIME PHONE #: _____ BIRTH DATE: ____/____/____ ☐ Female ☐ Male
(MM/DD/YY)

ALTERNATE CONTACT: (name of a person to contact if you cannot be reached for an extended period and if applicant is a student, need the name of parent(s) or guardian)

NAME: _____ DAYTIME PHONE: _____

ADDRESS: _____
(Street or P.O. Box) (City) (State) (Zip)

NAME OF PERSON FILLING OUT THIS APPLICATION: _____

CONFIDENTIALITY STATEMENT: All library records are confidential pursuant to Montana Code annotated 22-1-1103.

VETERANS: ☐ Please check if you have been honorably discharged from the U.S. Armed Forces. By law, Veterans are given preference in lending library materials.

PRIMARY DISABILITY: Indicate which is preventing you from reading regular printed material. See definitions under eligibility criteria. Check only one box.

☐ Blindness ☐ Physical handicap ☐ Deaf-blindness
☐ Low Vision/ Visual handicap ☐ Reading disability

In addition to any of the qualifying disabilities above, do you also have a hearing impairment? If yes, indicate the degree of hearing loss.

☐ **Moderate**—some difficulty hearing and understanding speech.
☐ **Profound**—cannot hear or understand speech.

ELIGIBILITY AND CERTIFICATION REQUIREMENTS:

☐ **BLINDNESS:** Visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.

☐ **LOW VISION/VISUAL HANDICAP:** Inability to read standard printed material without aids or devices other than regular glasses.

☐ **PHYSICAL HANDICAP:** Inability to read or use standard printed material due to physical limitations, e.g. paralysis, missing arms or hands, extreme weakness.

IN THE ABOVE CASES, you must be certified by a “competent authority:” Defined as a doctor of medicine (M.D.), doctor of osteopathy (D.O.), **OR ANY OF THE FOLLOWING:** ophthalmologist, optometrist, registered nurse, therapist, professional staff of a hospital, institution, and public or welfare agency (e.g. social worker, counselor, rehabilitation teacher and superintendent), or by any person whose competence under specific circumstances is acceptable to the Library of Congress.

☐ **READING DISABILITY:** Organic dysfunction of sufficient severity as to prevent reading printed material in normal manner. **You must be certified by a “competent authority”;** ***Defined ONLY as a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.), who may consult with colleagues in associated disciplines.*** Requires a signature certification by an M.D. or D.O. as defined above.

INSTITUTIONS: All Talking Book materials may be loaned to individuals who qualify, to institutions such as nursing homes and hospitals and to schools for the blind or physically handicapped for use by such qualifying persons only. These materials may also be used in public or private schools where handicapped students are enrolled. **The students in public or private schools must be certified as eligible on an individual basis and must be the direct and only recipients of the materials and equipment.**

****TO BE SIGNED AND COMPLETED BY CERTIFYING AUTHORITY:**

I certify that the named applicant requesting library service is unable to read or use standard printed materials for the reason indicated on this form:

Signature _____ Date _____
Certifying Authority

Please print or type:

Name _____

Title/Occupation _____ Organization _____

Street address _____ Telephone (____) _____

City _____ State _____ ZIP _____

****NOTE:** An original signature by the certifying authority is required for certification. **Faxes or copies of the certification are NOT acceptable.**

EQUIPMENT, ACCESSORIES, AND OTHER SERVICES:

Please check the box provided for any of the following items and/or services that you wish to borrow and/or receive.

EQUIPMENT:

- ☐ **Cassette Standard Machine** (C1) for books recorded on audiocassettes.
- ☐ **Digital Standard Machine** (DS1) for books recorded on Digital cartridge.
- ☐ **Digital Advanced Machine** (DA1) for books recorded on Digital cartridge. (works with navigation levels, set bookmarks, more buttons)

ACCESSORIES:

- ☐ **Amplifier** (issued solely for use by readers with profound hearing loss; ask for a amplifier application)
- ☐ **Extension lever** (assists readers with limited use of their hands to operate controls, used only on the C1)
- ☐ **Headphone Large** (510) (issued solely for use where speakers are not permitted)
- ☐ **Headphone Small** (issued solely for use where speakers are not permitted)
- ☐ **Headphone Adaptor** (DHA) (for use with large headphone for DS1 & DA1 players)
- ☐ **Remote control unit** (issued for readers confined to bed or who have difficulty with mobility; ask for remote control application)

RETURN OF EQUIPMENT: Equipment and accessories are supplied to eligible persons on extended loan. **If this equipment is not being used in conjunction with recorded reading materials provided by the Library of congress and its cooperating libraries, it must be returned to the Montana Talking Book Library.**

OTHER SERVICES:

- ☐ **BARD – downloadable books** (must have high speed Internet)
- ☐ **Braille books and magazines**
- ☐ **Braille Twin Vision books**
- ☐ **Descriptive Videos/ VHS** (requires own VCR)
- ☐ **Magazines recorded on audiocassettes**
- ☐ **Montana Audio Information Network (M.A.I.N.)** 1-800-942-7323 website: montanaaudio.org (closed circuit radio channel receiver)
- ☐ **NEWSLINE** (telephone newspaper service)
- ☐ **WEBOPAC** (Online Public Access Catalog) (must have email address)
- ☐ **WEB-BRAILLE** (free Internet Braille book and magazine delivery service)

TEXTBOOKS: Contact Recording for the Blind & Dyslexic (RFB&D), 1-800-221-4792, <http://www.rfbd.org>

READING PREFERENCES:

Check A or B:

A. ☐ Send only the specific titles I will request. Do NOT select books for me.

B. ☐ I wish to have books selected for me.

NOTE: If you wish to have books selected for you, the library needs information about your reading interests. Please check the types of books or subjects you prefer:

Do you have a Preference for ☐ Fiction or ☐ Nonfiction?

- | | | |
|--|--|---|
| <input type="checkbox"/> Adventure stories | <input type="checkbox"/> Gardening | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Animals and wildlife | <input type="checkbox"/> General Fiction | <input type="checkbox"/> Psychology & self-help |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Gothic novels | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Bible | <input type="checkbox"/> Government, Politics | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Health | <input type="checkbox"/> Religious Fiction |
| <input type="checkbox"/> Business & economics | <input type="checkbox"/> Historical fiction | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Career & job training | <input type="checkbox"/> History - Ancient | <input type="checkbox"/> Science |
| <input type="checkbox"/> Children's fiction:
grade level _____ | <input type="checkbox"/> History - U.S. | <input type="checkbox"/> Science fiction |
| <input type="checkbox"/> Children's nonfiction:
grade level _____ | <input type="checkbox"/> History - World | <input type="checkbox"/> Senior Citizens (Aging,
Retirement) |
| <input type="checkbox"/> Classic novels | <input type="checkbox"/> Holidays | <input type="checkbox"/> Short stories |
| <input type="checkbox"/> Computers & technology | <input type="checkbox"/> Humor | <input type="checkbox"/> Sociology and Social
Customs |
| <input type="checkbox"/> Cooking & homemaking | <input type="checkbox"/> Montana Authors | <input type="checkbox"/> Sports: _____ |
| <input type="checkbox"/> Crafts/Hobbies | <input type="checkbox"/> Montana History | <input type="checkbox"/> Spy stories |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Montana Interests | <input type="checkbox"/> Stage, screen |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Mystery & detective | <input type="checkbox"/> Suspense stories |
| <input type="checkbox"/> Family Sagas | <input type="checkbox"/> Native American | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Fantasy/Time Travel | <input type="checkbox"/> Nature | <input type="checkbox"/> War & war stories |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Occult & supernatural | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Folklore/Fairy Tales | <input type="checkbox"/> Outdoor Activities | |
| | <input type="checkbox"/> Philosophy | |
| | <input type="checkbox"/> Pioneer & frontier life | |

Favorite Reading Preferences: _____

Favorite Authors: _____

Other Preferences: (not listed above) _____

OTHER READING INTERESTS:

LANGUAGES: If you wish to receive books in English language, mark that box only. If you wish to receive books in other languages, list them here:

☐ English

☐ Other language(s): _____

EXCLUSIONS:

I do **NOT** wish to receive books that contain the following:

☐ Strong language

☐ Violence

☐ Explicit descriptions of sex

☐ Some Strong language

☐ Some Violence

☐ Some descriptions of sex

READING LEVEL: ☐ Adult ☐ Teenage ☐ Juvenile ☐ Preschool

Revised: 06/2010